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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Number	39385.01P1				
			First Named Inventor	Robert M. Judd				
			COMPLETE IF KNOWN					
			Application Number	1				
☑Declaration Submitted	OR	☐Declaration Submitted after Initial	Filing Date					
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit		***************************************			
9		required)	Examiner Name					

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.										
MEDICAL IMAGE MANAGEMENT SYSTEM										
the specification of which (Title of the Invention)										
is attached hereto										
OR										
☐ was filed on (MM/DD/	□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have revie specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended									
I acknowledge the duty to disc	lose information which is mate	erial to patentability as defir	ned in 37 CFR 1.56							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed										
Prior Foreign Application Number(s) Foreign Filing Date Foreign Eling Date (MM/DD/YYYY) Country Not Claimed										
rtuinser(s)	Country	(MM/DD/YYYY) Country	y Not Claimed	YES	NO					
☐ Additional foreign applicatio	n numbers are listed on a sup	plemental priority data she	et PTO/SB/02B attach	ned hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below										
Application Number(s	Application Number(s) Filing Date (MM/DD/YYYY)									
	,		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application

I hereby claim the designating the Ur disclosed in the pri acknowledge the c the filing date of th	nited Stat rior United duty to dis	ites of America, ed States or PCT isclose informati	isted below T Internation tion which is	w and, insofa onal application is material to	ar as the su on in the m natentabili	ubject matt nanner prov lity as defin	tter of ea ovided by ned in 37	ach of the cla y the first pa 7 CFR 1.56	laims of t	this applicat	tion is not	
U.S. Parent Application or PCT Parent Number				1	Parent Filing Date (MM/DD/YYYY)			Pa	Parent Patent Number (if applicable)			
			7/4									
Additional U.S.	or PCT i	nternational app	olication nur	mbers are lis	sted on a s	supplemen	ıtal prior	ity data she	et PTO/S	SB/02B atta	ached hereto.	
As a named invent	tor, I her	eby appoint the	following re	egistered pra	actitioner(s	;) to proser	cute this	application	and to t	ransact all	business in the	
Patent and Traden therewith			☑ Custor OR	mer Number	·	er(s) name/registration number listed b						
N	lame		Reg	egistration Number	110.12	Name			DEIGW	25°	nistration Tumber	
			•	<u> </u>					P	PATENT TRAD	EMARK OFFICE	
☐Additional regist	ered pra	ctitioner(s) nam	ed on supp	olemental Re	gistered P	ractitioner	informa	ation sheet F	PTO/SB/	/02C attach	ed hereto.	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon												
Name of Sole of	or First	Inventor:] A petition	on has	been filed	for this	unsigned	l inventor	
Given	Name ((first and midd	ile [if any])			Fan	nily Name	or Surr	name		
		Robert M.						Jud				
Inventor's Signature			Ma	bla	d				Date		12/20/00	
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Post Office Add	ress	1062 Kings	port Driv	е								
Post Office Add	ress											
City		Wheeling	State	IL	ZIP	60090	ل_ ه	Country	USA	١		
Additional inve	ntors ar	e being named	on the su	pplemental	Additiona	I Inventor	(s) sher	et(s) PTO/S	B/02A ε	attached he	ereto.	

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Jo		☐ A petition has been filed for this unsigned inventor								
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Enn-Ling		Chen								
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City	Chicago	State	IL	ZIP	60	611	Cou	U.S.A.		
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Given Na	me (first and middle [if any])		Family Name or Surname						
Raymond J.				Kim						
Inventor's Signature	Roumo	of S	X	· · ·				Date 12/20/00		
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Name of Additional Joi	int Inventor, if any:		·		A petitio	on has been filed	d for thi	is unsiç	gned inv	entor
Given Nam	ne (first and middle [if	any])		Family Name or Surname						
Inventor's Signature	- God He						Date			
Residence: City	,	State		Cou	Country			Citizenship		
Post Office Address										
Post Office Address						1				
City		State			Zip		Cou	ıntry		

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